

# State of Maine

Department of Public Safety

## Uniform Polygraph Examiner License Application

This application is for (please check one) –

☐ An internship license  
☐ An internship license renewal/extension

☐ An original license  
☐ An original license renewal

Please complete this application in its entirety. Failure to do so will result in a rejection of the application.

APPLICANT IDENTIFICATION & CONTACT INFORMATION			
1. Name			
	Last name	First name	Middle name
	Maiden name	Previous last name if other than Maiden name	
2. Sex	<input type="checkbox"/> Female   <input type="checkbox"/> Male		
3. Date of birth	MM / DD / YYYY		
4. Mailing address			
	Street		
	City	State	Zip code
5. Home phone no.		6. Cell phone no.	
7. E-mail address			
8. Social Security No.	### - ## - ####		
<p>The following statement is made pursuant to the Privacy Act of 1974, Section 7, Subsection (b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA § 175, as authorized by the Tax Reform Act of 1976 (42 USC § 405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A MRSA §§ 2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA § 191 and confidential support enforcement information pursuant to 19-A MRSA § 2152.</p>			
PREVIOUS & CURRENT POLYGRAPH EXAMINER LICENSE INFORMATION			
9. Do you hold, or have you ever held, a polygraph examiner license issued by the Maine Department of Public Safety or any other State government agency having the legal authority to issue a polygraph examiner license?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If you responded "Yes" to question 9, please provide the name of <u>each</u> authority that issued the license and the dates during which you have held each such license.			
Please attached extra sheets of paper to this application if more room to respond is needed.			

**HISTORY OF DISCIPLINARY ACTION TAKEN AGAINST ANY PROFESSIONAL LICENSE**

**10. Have you ever had any action taken, or is any action currently pending, against any professional license you now hold or you previously held?**

☐ Yes

☐ No

If you responded "Yes" to question 10, please provide the following information with respect to **each** action that has been taken or is pending:

The date the licensing action was taken;  
The authority taking the licensing action;  
The type of action taken (for example, license suspension, license revocation, etc.).

Please attached extra sheets of paper to this application if more room to respond is needed.

**CRIMINAL HISTORY INFORMATION**

**11. Have you ever been convicted\* of a criminal offense\*\*?**

☐ Yes

☐ No

\* For the purpose of this question , "convicted" means a finding of guilty, or a finding of not guilty by reason of insanity or mental disease or defect.

\*\* For the purpose of this question, "criminal offense" means an offense under any law that is punishable by a possible period of incarceration, regardless of whether or not such a sanction was imposed. "Criminal offense" includes, but is not limited to, Operating Under the Influence and criminal Operating After Suspension.

If you responded "Yes" to question 11, please provide the following information with respect to **each** conviction:

- A. The name of the criminal offense for which you were convicted;
- B. The date of conviction;
- C. The date the criminal offense occurred;
- D. The location where the criminal offense occurred;
- E. The Court in which the conviction occurred;
- F. The sanction(s)/sentence(s) imposed as a result of the conviction.

Please attach extra sheets of paper to this application if more room to respond is needed.

**EDUCATION INFORMATION**

**12. Are you a high school graduate or have you earned a high school graduate equivalency diploma (GED) from any State?**

☐ Yes

☐ No

If you responded "Yes" to question 12, please:

- A. Provide the name of the school from which you graduated or earned your GED;
- B. Provide the year you graduated from high school or earned your GED;
- C. Attach to this application a copy of supporting documentation evidencing that you graduated from high school or received your GED (acceptable documentation would include, for example, a diploma or course certificate).

Please attach extra sheets of paper to this application if more room to respond is needed.

**13. Are you a graduate of a polygraph examiners course?**

☐ Yes

☐ No

If you responded "Yes" to question, please:

- A. Provide the name of the course from which you graduated;
- B. Provide the year you graduated from the course;
- C. Attach to this application a copy of supporting documentation evidencing that you graduated from a polygraph examiners course (acceptable documentation would include, for example, a diploma or course certificate).

Please attach extra sheets of paper to this application if more room to respond is needed.

**14. Have you completed a polygraph examiner internship that lasted no fewer than six (6) months?**

☐ Yes

☐ No

If you responded "Yes" to question 14, please:

- A. Provide the name and contact information of the person who supervised you during the internship program;
- B. Provide the dates during which the internship program lasted;
- C. Attach to this application a copy of supporting documentation evidencing that you completed a polygraph examiner internship that lasted no fewer than six (6) months (acceptable documentation would include, for example, a diploma or course certificate, or a letter from the person who supervised you during the internship program);
- D. Attach to this application a statement describing:

- (1) The number of polygraph examinations you administered during the internship program; and
- (2) The frequency with which you met with the person who supervised you during the internship program during the duration of the program.

Please attach extra sheets of paper to this application if more room to respond is needed.

## CERTIFICATION

I certify that the statements and information contained in this application are correct to the best of my knowledge and belief. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, Unsworn Falsification pursuant to 17-A MRSA sec. 453 (a Class D criminal offense) and may also result in disciplinary action against any license I presently have.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION ATTACHMENT CHECKLIST

- ☐ A copy of supporting documentation showing that you graduated from high school or received your GED;
- ☐ A copy of supporting documentation showing that you graduated from a polygraph examiners course;
- ☐ A copy of supporting documentation showing that you completed a polygraph examiner internship that lasted no fewer than six (6) months;
- ☐ A statement describing the number of polygraph examinations you administered during the internship program in which you participated, and the frequency with which you met with the person who supervised you during the internship program during the duration of the program.
- ☐ The required license application fee payment, which may be paid with a check or money order made payable to, "Treasurer, State of Maine):

Original license application fee:	\$100.00
Original license renewal application fee:	\$50.00
Internship license application fee:	\$100.00
Fee for renewal or extension of an internship license:	\$25.00

## FOR OFFICE USE

Date of applicant's polygraph examiner license examination:

Score of applicant's polygraph examiner license examination:

Date of applicant's polygraph examiner license examination practicum:

Name of polygraph examiner license examination and practicum administrator:

Revised Oct. 13, 2011